

ORIGINAL

WAIVER OF SERVICE OF SUMMONS

TO: Nolan Burland
(Name of plaintiff's attorney or pro se plaintiff)

8
2/6/01
TS
Caldwell B.

I acknowledge receipt of your request that I waive service of a summons in the action
of Burland vs Lycoming
Co. Prison, which is case number CV-00-2170 in the

United States District Court for the Middle District of Pennsylvania. I have also received
a copy of the complaint in the action, two copies of this instrument and a means by which
I can return the signed waiver to you without cost to me.

I agree to save the cost of service of a summons and an additional copy of the
complaint in this lawsuit by not requiring that I (or the entity on whose behalf I am
acting) be served with judicial process in the manner provided by Rule 4.

I (or the entity on whose behalf I am acting) will retain all defenses or objections to the
lawsuit or to the jurisdiction or venue of the court except for objections based on a defect
in the summons or in the service of the summons.

I understand that a judgement may be entered against me (or the party on whose behalf
I am acting) if an answer or motion under Rule 12 is not served upon you within 60 days
after 1-19-01 (date request was sent), or within 90 days after that
date if the request was sent outside the United States.

1-25-01
DATE

Robin A. Read
SIGNATURE

Printed/typed name: Robin A. Read, Esquire

Title if any: Attorney

Address of Person signing: 433 Market Street

P. O. Box 7

Williamsport, PA 17703

Party you represent: All Defendants

FILED
SCRANTON

JAN 29 2001

PER 12
DEPUTY CLERK

RECEIVED
U.S. DISTRICT COURT
M.D. PA.

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	Nolan Burlark	COURT CASE NUMBER	00 CV 2170
DEFENDANT	David Desmond	TYPE OF PROCESS	
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN LYCOMING County PRISON		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 277 W THIRD St Williamsport, PA. 17701		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

☐ Nolan Burlark
 277 W THIRD St
 Williamsport PA 17701

Number of process to be served with this Form - 285	5
Number of parties to be served in this case	5
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

Nolan Burlark

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

12-10-00

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 67	District to Serve No. 67	Signature of Authorized USMS Deputy or Clerk P. Lavelle	Date 1/19/01
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service; ☒ have executed as shown in "Remarks"; the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc.; shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service 1/25/01	Time am
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Signature of U.S. Marshal or Deputy

G. Lavelle

Service Fee 8.00	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges 8.00	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	Nolan Burlark	COURT CASE NUMBER	00 CV 2170
DEFENDANT	Kim Poorman	TYPE OF PROCESS	
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
➡	Lycoming County Prison		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	277 W Third St Williamsport Pa 17701		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285	5
Nolan Burlark 277 W Third St. Williamsport Pa 17701	Number of parties to be served in this case	5
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
Nolan Burlark			12-10-00

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 67	District to Serve 107	Signature of Authorized USMS Deputy or Clerk G. Lavelle	Date 1/19/01
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service 1/25/01	Time am
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Signature of U.S. Marshal or Deputy

G. Lavelle

Service Fee 8.00	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges 8.00	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	Nolan Burlark	COURT CASE NUMBER	00CV 2170
DEFENDANT	Kevin DeParlos	TYPE OF PROCESS	
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
→	Lycoming County Prison		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	277 W Third St, Williamsport Pa 17701		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Nolan Burlark
277 W. Third St,
Williamsport Pa 17701

Number of process to be served with this Form - 285	5
Number of parties to be served in this case	5
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
Nolan Burlark			12/00

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. 07	No. 07	G. Lavelle	1/19/01

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks": the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)	Date of Service	Time
	1/25/01	am
	Signature of U.S. Marshal or Deputy	
	G. Lavelle	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal for	Amount of Refund
8.00			8.00			

REMARKS:

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF Nolan Burlark	COURT CASE NUMBER 00CV2170
DEFENDANT Tim Mahoney	TYPE OF PROCESS
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Lycoming County Prison
AT	ADDRESS (Street or RFD Apartment No., City, State and ZIP Code) 277 W. Third St Williamsport Pa 17701

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Nolan Burlark
277 W. Third St.
Williamsport Pa 17701

Number of process to be
served with this Form - 285**5**Number of parties to be
served in this case**5**Check for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

Nolan Burlark
☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

12-10-00**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 67	District to Serve No. 67	Signature of Authorized USMS Deputy or Clerk G. Lavelle	Date 01/19/01
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service; ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Address (complete only if different than shown above)

Date of Service 1/25/01	Time am
pm	

Signature of U.S. Marshal or Deputy

G. Lavelle

Service Fee \$0.00	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges \$0.00	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	Nolan Burlark	COURT CASE NUMBER	00CV2170
DEFENDANT	Joyce Fairfax	TYPE OF PROCESS	
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
➔	Lycoming County Prison		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	277 W Third St. Williamsport Pa 17701		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Nolan Burlark
277 W Third St.
Williamsport Pa 17701

Number of process to be served with this Form - 285	5
Number of parties to be served in this case	5
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Signature of Attorney or other Originator requesting service on behalf of:

Nolan Burlark

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

12-10-00

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. 60	No. 60		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service	Time	am
1/25/01		pm

Signature of U.S. Marshal or Deputy

D. Lavelle

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
8.00			8.00			

REMARKS: